

THE EUGENICS REVIEW

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"Eugenics is the study of agencies under social control that may improve or impair the racial qualities of future generations either physically or mentally."

NOTES OF THE QUARTER

THE Population (Statistics) Bill has emerged from one of the heaviest witch-verbal bombardments in the history of non-party measures, a little battered perhaps but fundamentally unchanged. That it should have done so is greatly to the credit not only of Sir Kingsley Wood, who with exemplary patience and resource defended it in an unsympathetic and largely hostile House, but also to those opponents of the Bill who, having thoroughly enjoyed their field-day, magnanimously declared that they accepted, or at any rate would not oppose, those provisions in the Bill that were regarded by experts on population as indispensable.

There is no need now to comment at length on the attacks levelled against the schedule to the Bill. The third paragraph—namely that which authorized inquiry upon "any other matter with respect to which it is desirable to obtain statistical information with a view to ascertaining the social or civil condition of the population"—has been dropped, and the other paragraphs have been modified, not however because the information they sought to obtain was valueless but because it was information which, in the opinion of the House, the public was not prepared to

concede freely. It is unlikely that there would have been, on any significant scale, a positive refusal to answer the questions in the schedule; but it may be assumed that some persons, perhaps many, would have felt themselves under no obligation to answer them correctly. We should have got our statistics, but almost certainly they would have been inaccurate. In theory perhaps the modified Bill is less useful than the original, for it does not ask for nearly as much information; but it is a better Bill in so far as, being generally acceptable, it will succeed in obtaining the limited, but very valuable, information asked for. The public has been reassured by the promise that information given under the Bill will be secret, even in relation to proceedings in a court of law, and that the Bill will not now contain questions which raise any point regarding legitimacy or questions concerning dependants, brothers and sisters. The amended Bill is not quite all that could have been wished; but it has the great merit that it will provide, without stimulating either opposition or resentment, the minimum information necessary for a preliminary study of our population trends.

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In a letter to *The Times* on the morning of the debate, Professor A. M. Carr-Saunders and Dr. C. P. Blacker, writing on behalf of the Population Investigation Committee, stressed as the essential provision of the Bill the proposal to include the age of the mother, the duration of the marriage, and the birth order of each child in the information required at the registration of births and stillbirths. This provision is retained in the amended Bill, which also provides for information about the marital status of deceased men and the parity and duration of marriage of deceased women.

Mr. A. P. Herbert, in a speech which was consistently gay and witty but well informed

only in patches, complained that the Bill put the wrong questions to the wrong people :

“ What is the main question to which we are addressing ourselves? It is ‘ why are there not more babies? ’ To whom is this question going to be addressed? (a) To those who have just had a baby, and (b) to those who have just passed away.”

This, he maintained, was his main objection to the Bill. Evidently it was not a very serious one, for later in the same speech, referring to questions relating to the age, the date of marriage, the birth-place and occupation of the father and mother, and the issue of the same marriage, he said, “ I do not object to these questions.” Evidently the questions are not wrong after all ; the fundamental error in the Bill, if we correctly interpret Mr. Herbert, is that it proposes to deliver them to the wrong address. Let us take the questions one by one and see how far, if at all, Mr. Herbert’s objections are justified.

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What is the use of asking the age of a mother at the birth of a child? It is important in the first place because without this information we cannot know the rate at which children are being born, any more than if we did not inquire into the ages of deceased persons we should know the rate at which people are dying. In other words, this information will make it possible to calculate specific fertility rates, not only for the country as a whole but, when correlated with other information either available or being sought under the Bill, for its separate geographical areas and its occupational and social classes. Secondly, it is fundamentally important in the study of maternal and infant mortality. It has been pointed out in these columns that advances in knowledge about maternal mortality are “ complicated by the fact that the official figures give only the crude mortality rates—that is to say, rates which take no account of such determinants of morbidity and mortality as maternal age and parity. No demographic survey of the problem can claim to be valid

that does not indicate the trend of mortality in each age- and parity-group ; but where are the data on which such a survey might be made to be found? ”*

To this question Professor Major Greenwood, in a recent letter to *The Times*, provided an illuminating reply.

“ In the present state of the law,” he wrote, “ we cannot even measure the respective influences of age of mother and order of birth upon the rate of maternal mortality. It is known that on the average a first confinement is more hazardous than a second confinement, and it is clear that when the birth-rate declines the proportion of first births is likely to increase.

“ Thirteen years ago the late Dr. T. H. C. Stevenson and I were asked officially to estimate the possible effect of this upon the rate of maternal mortality. Our provisional answer will be found on pages 6-10 of Report No. 25 of the Ministry of Health. It could only be provisional because we had to base conclusions upon Australian data since order of birth is not recorded in English data. English statisticians are still in the same position.”

The first question then is not wholly useless. Is there anything to be learnt from the second, namely, that relating to the duration of the marriage? It has already been pointed out that information about the age of the mother will elucidate the problem whether there are differences between the reproduction rates of the different social classes. Very probably it will be found that there are such differences, the professional classes having a lower rate than wage earners. But how far are such differences, assuming they exist, due to differences of age at marriage between these classes? The answer to the second question will tell us. Not only that, but it will also provide information on whether a given increase or decrease in births is due to an increase or decrease of marriages in previous years.

The value of the third question, i.e. whether the child comes first, second, or

* EUGENICS REVIEW, 1935, xxvii, 9.

later in the family, has already been touched upon in its bearing on the problem of maternal mortality. It will provide not less essential data on the problem of how the decline in fertility is taking place. For instance it will help to answer the question whether there is a general tendency towards the two-child family, or whether the size of the family still varies very much, merely giving a deceptive two-child average. Correlated with the date of marriage, this information will also make it possible to interpret the significance of changes in the birth-rate. Considerable attention has been drawn in the Press to the fact that, according to the most recent returns, the decline in the birth-rate appears to have been arrested; indeed there has recently been an increase in the number of births. Does this mean that there has been a real rise in fertility? It does if among the most recent births there was a larger proportion of third and later births than in previous years, but not otherwise. But how, without knowing the answer to this third question, can we tell which?

Clearly, then, there are good reasons for watching more closely the entrances to life. Are there corresponding advantages in watching the exits? What, for instance, is the use of knowing, in the case of a deceased married woman, whether she has had children and how long she has been married? The answer, briefly, is that this will provide data on the problem of childlessness which cannot very well be obtained by putting questions to those registering births. Is childlessness increasing or decreasing? We do not know, but might learn from the answer to this question. Obviously—and this is a reason for inquiring into the duration of marriage—we can only learn exactly by distinguishing between women who married late and would therefore never have had children and those who married within their reproductive period.

It has been suggested—Mr. Herbert in his speech made much of the point—that all this information could be obtained without fuss and worry by the simple expedient of holding a census next year, indeed that, for those who have eyes to see, it is already available in the

returns and reports of the Registrar-General. An interesting question arises: Has the Registrar-General failed to observe what has long been under his very nose, or do Mr. Herbert and his fellow critics owe him a humble apology? Let a brief examination of the differences between census and registration returns supply the answer.

A census gives information about the population on a particular day in a particular year; it gives, so to speak, a statement of the "capital," just as registration data give, as nothing else can, the rate of interest. To calculate whether a population is tending towards increase or decline *both* kinds of information are essential; to pursue the analogy, adequate information is needed about both the capital and the rate of interest before it is possible to calculate the yield. The census provides figures of the basic population of women in the reproductive age-groups, and registration returns supplement these with information about births, marriages and deaths. It is impossible to analyse population trends without both kinds of information; they are complementary and neither can serve as a substitute for the other. We must apologize for labouring an elementary point, but we have no doubt about where the next apologies should come from.

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A case recently reported in the American Press may serve to emphasize the importance of distinguishing, in eugenic propaganda, between sterilization and castration, both in their purpose and in their results. The facts, briefly, were that a man found guilty of a sexual assault on a female child was given the option of going to prison or submitting to castration. "If," said the judge, "you will consent to an operation for total emasculation, I will grant you probation. Understand that this does not mean mere sterilization. That does no good because it does not suppress the impulses that have caused you to be before me now. What you must consent to is a major surgical operation which will not only leave

you sexless, but will also prevent you from entertaining sex desires."

We are not here concerned with the wisdom or the humanity of this judgment. Castration has been approved by "sex reformers" who hold very liberal ideas of what should constitute sexual freedom of action; but though its averred aim is therapeutic, its effect is punitive: it is designed not only to protect society but to expiate a grievous offence. Moreover, the physiological result aimed at is exactly that described by the judge, namely complete eradication of sexual desire and capacity.

These may all be excellent purposes and results, but they have nothing whatever in common with those of sterilization. Sterilization is not punitive; as advocated in this country it is not offered as an alternative to incarceration in an institution; it is not an unsexing operation. Sterilization aims at one thing only—the removal of the capacity to produce children. Eugenic sterilization aims at removing this capacity in those whose fertility, by reason of their genetic constitution, is socially dangerous. Such persons are penalized not by sterilization but by a law which makes it difficult, or if they are poor impossible, for them voluntarily to secure the operation that would rid them of the burden of their unwanted and socially dangerous fertility.

It is much to be regretted that these distinctions are not rigidly maintained in all penal codes. Thus, in California judges are empowered to authorize, in addition to any other punishments they may impose, the sterilization of persons found guilty of sexual assaults upon female children under the age of ten years. What can be the point of sterilization in such circumstances? It is punitive in the very worst sense of the term, for it penalizes the offender without protecting a single member of society. Can it be doubted, too, that it serves to perpetuate in the public mind the unfortunate misconception that sterilization is an unsexing operation?

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In the course of a presidential address at

the Conference of Educational Associations recently held in London, Sir E. Farquhar Buzzard, Regius Professor of Medicine, Oxford University, offered some outspoken criticisms of the Government's physical fitness campaign.

He said that physical fitness had not, as far as he was aware, been authoritatively defined, but it might be assumed that it implied that condition of bodily and mental health which fitted men and women to play their part in life happily and efficiently. Games were something more than an opportunity for developing the team spirit or exercising the muscles in the open air. They enabled the nervous system to react to its environment, and were thus the very best preparation for the trials and problems of after life.

The rest of the speech, however, was a little less laudatory. Sir Farquhar emphasized the fact that the problem was being attacked on too limited a front. He would like to see the Government spending on research into heredity one-tenth of the money it was proposing to put into this campaign. Heredity was an unpopular subject, but in twenty-five years' time it would be of deep concern to everybody, not only in this country but throughout the whole world.

It is very gratifying to receive from so eminent an authority confirmation of the criticisms of this campaign that have been expressed in recent issues of the EUGENICS REVIEW.

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Between the Ministry of Health Memorandum (MCW153, July 1930), which first granted and defined the powers of local authorities to impart birth-control information to women attending maternity and child welfare centres, and the most recent (1622, May 1937), there has been an interval of seven years. In this period these powers have been progressively extended and are to-day wide enough to cover the needs of all married women for whom birth-control instruction is needed on medical grounds. What action have the local authorities taken in the matter?

Up to the present (January 1st, 1938) only 77 of the 414 Maternity and Child Welfare Authorities in England and Wales, roughly a fifth of the total number, have established clinics at which birth-control advice may be given under the conditions specified by the Ministry of Health. Of these, 8 are post-natal clinics, 26 are gynaecological clinics, and 43 are connected directly with maternity and child welfare centres. Of the remaining 337 authorities, about 100 refer cases to existing clinics, usually paying a fee; 17 lend or rent premises and refer their cases to a branch clinic of the National Birth Control Association; about 75 state that their doctors may give advice; and there remain roughly 160, over one-third of the total, who still do nothing whatever in the matter.

Inquiry into the success or failure of municipal schemes reveals how much work there remains to be done before useful effect can be given to a council decision. Even the least troublesome course of all, that of permitting doctors to give advice, necessitates measures for ensuring that the doctors will acquire the requisite technique and equipment; when the council makes the bolder, and more laudable, decision to start a clinic of its own, it is faced with the responsibility of making an adequate financial provision, finding satisfactory premises, obtaining equipment and supplies, and arranging for the training of the medical and nursing staffs. Methods have also to be devised for advertising the clinic, keeping its records and following up its patients. The supreme importance of well-planned follow-up work is illustrated by the history of a London voluntary clinic which formerly lost contact with 60 per cent. of its patients, but now, by a properly devised scheme, keeps steadily in touch with 90 per cent. Local authorities, through their health visitors, have every opportunity of ensuring that the cost of the clinic and the work of the doctor will not be wasted through failure of the patient to understand, or to continue using, the contraceptive method prescribed.

Voluntary clinics will be needed in England and Wales as long as local authorities are permitted to deal only with cases in which

birth-control advice is desirable on medical grounds. At present there are over fifty such clinics, varying in size from those with their own houses, holding several sessions a week and attended by hundreds of patients a year, to village clinics held once a month in premises which, though in many cases unsuitable, are the only ones available and have to be adapted to their purpose by undaunted local workers. Every year the clinics increase in number, their standard of work improves, and their educational work converts public opinion from open hostility, or (what is far more general) ignorance and distaste, to a realization both of the value of birth-control and of the part played by the clinics in disseminating a knowledge of its practice.

The geographical distribution of the clinics is not yet satisfactory. London is well provided with voluntary centres, and Essex has an admirable county council scheme, but over and above these there are only two voluntary centres throughout the whole of the Eastern counties. Devonshire is comparatively well served, but Cornwall and Dorset not at all. South Wales has thirteen municipal centres, North Wales one. The Northern counties (where the National Birth Control Association has concentrated much of its work) have several centres, Durham and the West Riding of Yorkshire having also good county council schemes; but there is still much to be done in Cumberland, Westmorland and the North and East Ridings.

In Scotland, which has its own Department of Health in Edinburgh, there are six voluntary centres, and five local authorities have made some provision for women who need birth-control advice on medical grounds. In 1937 a new Act was passed under which, by arrangement with the local authorities, far more of the work of the maternity and child welfare services will be done by private practitioners and far less by clinics than in England and Wales. In view of this difference in practice the Scottish organiser of the National Birth Control Association is considering plans for enabling private practitioners to obtain information about

contraceptive methods and experience of their use in practice.

Evidently there is much room for improvement. There is need for still further extension of the powers of local authorities, in particular by the recognition of eugenic and economic indications for birth control; and when these further powers have been granted the authorities must be persuaded to use them. In serving both these purposes the National Birth Control Association fulfils, and must long continue to fulfil, a valuable function. Its deputation to the Minister of Health in February 1937 was largely responsible for securing the most recent concessions; by intensifying its educational work among local authorities and individual members of the medical profession it will pave the way for further concessions in the future. The announcement that the Association will supply reference literature and lists of clinics to interested practitioners, and will make arrangements for such practitioners to see the work of properly conducted clinics and to study for themselves the methods approved by the Association's Medical Committee, is a step in the right direction.

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The functions of the *Society* have been classified as propaganda and research. In the matter of eugenic sterilization these functions are strictly complementary. The *Society*, through the Joint Committee for Voluntary Sterilization, has been pressing for legislation to implement the recommendations of the Brock Committee; but all the time it has recognized that this task would be much facilitated by the discovery of a safe and easily applicable method for the production of revocable sterilization. To this end it has encouraged by grants the researches on the menstrual cycle in the Primates conducted by Dr. S. Zuckerman in the Department of Comparative Anatomy, Oxford University.

In a recent issue of the *Lancet*,* Dr. Zuckerman described a new method for the production of temporary sterility in female

rhesus monkeys. He found that by administering testosterone propionate to these animals twice weekly it was possible to arrest their menstrual cycle during the period of injections, inhibiting both follicular growth and luteinization. This treatment inflicted no injury on the internal reproductive or other organs, and in one animal menstruation was re-established in as little as a week after the last injection. Dr. Zuckerman suggested that the administration of testosterone provided a method, well worth clinical investigation, of securing temporary sterility in the human subject. We understand that this suggestion has been followed and await the results with considerable interest.

It must be admitted that the successful outcome of these researches will not meet the more extreme forms of religious objection to sterilization, but it should satisfy those whose opposition is based on the notorious fallibility of medical diagnosis and the fear that persons sterilized even at their own urgent request might occasionally change their minds too late. This is not altogether a rational objection; it does not take account of the safeguards which so hedge in voluntary eugenic sterilization as to make it exclusive of many cases in which the operation would be desirable, rather than inclusive of any in which it might afterwards be regretted; but rational or not it carries much weight with some otherwise well-disposed persons and the successful outcome of Dr. Zuckerman's investigations will go very far to meet it.

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On page 269 we publish an account of the recent visit by a group of Fellows and Members of the *Society* to the Pioneer Health Centre, Peckham. This Centre is conducting an experiment in preventive medicine and community life which, if successful and sufficiently publicized, will certainly be followed by similar experiments throughout the country. It is attempting both to study the factors that constitute good health and to preserve such health in a group not of individuals but of families, the family being

* September 18th, 1937, p. 676.

taken as the unit with which the health of the individual is inextricably bound up. To this end there has been created an organization which combines the structure and functions of a medical clinic with those of a club or social centre "catering for the needs of all members of the family from the infant in arms to the father." When the family joins, every member is examined both clinically and by routine laboratory tests, and this examination is supplemented by periodic medical overhauls and by such special services as pre-marital consultations and examinations and advice during pregnancy and the post-natal period.

This approach to the problems of health should particularly commend itself to the *Eugenics Society*. Like the promoters of the

Centre, eugenists emphasize the importance of family health rather than that of the individual, but perhaps go further in recognizing the importance of looking ahead to the progeny of the family in future generations. Even in this matter the difference is probably one of degree. The pre-marital consultations cannot fail to take account of the genetical constitution of those who attend them, and from this to a recognition of the full implications of eugenics teaching it is but a step. The opportunities for spreading the ideals of eugenics among persons who have already gone so far along the road are indeed so great, that the question of co-operating in the work of the Centre might well be considered by every Fellow and Member of the *Society* with the requisite qualifications.
